

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90074 043 \*\*\*150.00

**DOCUMENT # F31531**

1. Entity Name  
LIFE PLANNING ASSOCIATES, INC.



Principal Place of Business  
1950 COURTNEY DRIVE  
SUITE 202  
FORT MYERS, FL 33901 US

Mailing Address  
1950 COURTNEY DRIVE  
SUITE 202  
FORT MYERS, FL 33901 US

40034000



2. Principal Place of Business - No P.O. Box #  
1610 Hill Avenue  
Suite, Apt. #, etc.

3. Mailing Address  
1610 Hill Avenue  
Suite, Apt. #, etc.

02122008 Chg-P CR2E034 (12/06)

City & State  
Fort Myers, Florida

City & State  
Fort Myers, Florida

4. FEI Number  
59-2083985

Applied For  
Not Applicable

Zip  
33901

Country  
LEE

Zip  
33901

Country  
LEE

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CALCATERRA, MICHAEL R  
1950 COURTNEY DRIVE  
SUITE 202  
FORT MYERS, FL 33901

## 7. Name and Address of New Registered Agent

Name  
Carl Sousa  
Street Address (P.O. Box Number is Not Acceptable)  
1610 Hill Avenue  
City  
Fort Myers FL Zip Code  
33901

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PV  
CALCATERRA, MICHAEL R  
1950 COURTNEY DRIVE, STE 202  
FORT MYERS, FL 33901 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
SOUSA, CARL A  
1905 COURTNEY DRIVE STE 202  
FORT MYERS, FL 33901 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
Sousa, Carl A.  
1610 Hill Avenue  
Fort Myers, FL 33901 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL A. SOUSA

Date

Daytime Phone #

2/21/08 239-418-0047